

2556

168

## PLACE OF DEATH

## ARIZONA STATE BOARD OF HEALTH

County Mariopu  
 District No 3  
 Town Mesa  
 Or City

BUREAU OF VITAL STATISTICS

State Index No. 823

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1256  
 Local Registrar's No. 113

No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

## FULL NAME

James W. Gray

## PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican ☐  
 SINGLE ☒ MARRIED ☐ WIDOWED ☐ OR DIVORCED  
 DATE OF BIRTH apl 12 1916  
 (Month) (Day) (Year)

AGE 74 yrs. 10 mos. 26 days If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

OCCUPATION  
 (a) Trade, profession or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Tenn

NAME OF FATHER Ira Gray

BIRTHPLACE OF FATHER (State or country) Tenn

MAIDEN NAME OF MOTHER Elizabeth Wood

BIRTHPLACE OF MOTHER (State or country) North Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James W. Gray

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery

DATE OF BURIAL OR REMOVAL Mar 8 1916

UNDERTAKER J. A. Burton

ADDRESS Mesa

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 7 1916  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 20th 1916 to Mar 7th 1916; that I last saw him alive on Mar 6th 1916, and that death occurred on the date stated above at 4 a M. The DISEASE or INJURY causing Death was as follows:

Lobular Pneumonia

(Duration) \_\_\_\_\_ yrs. 1 mos. 7 days

Was disease contracted in Arizona? yes

If not, where? \_\_\_\_\_

CONTRIBUTORY Septicemia

(Duration) \_\_\_\_\_ yrs. 7 mos. 2 days

(Signed) J. B. Nelson

Mar 8 1916 (Address)

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona 8 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence \_\_\_\_\_

Filed

Mar 9 1916 J. E. Drane, M.D.

Local Registrar

Filed Apr 11 1916 G. B. Nelson

County Registrar

THIS IS A PERMANENT RECORD.  
 FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.